

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City				State		Zip Code		M	D	Y
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City				State		Zip Code		M	D	Y
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City				State		Zip Code		M	D	Y

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]